



# Statement of Organization CANDIDATE COMMITTEE

JUN 29 2015

\*Please read instructions before completing this form.

## Type of Statement

☐ NEW

This committee is registering with the Virginia State Board of Elections for the first time.

☒ AMENDED

This committee is filing an amended Statement of Organization.

Date Changes Took Effect

SBE-issued Committee ID

06/17/2015

CC-12-00182

## Committee Information

### Committee Information

Friends of Fannon

Name of Candidate Campaign Committee

PO Box 1219

Street Address/PO Box

Suite #

Alexandria

VA

22313

City

State

Zip Code

frank.fannon@gmail.com

703-861-1864

Email Address

Daytime Phone #

www.frankfannon.com

Campaign Website

## Candidate Information

### Candidate Information

Mr. Fannon

Frank

Salutation Last Name

First Name

Middle Name

Suffix

315 Vassar Rd

Residence Address

Apt #

Alexandria

VA

22314

City

State

Zip Code

ALEXANDRIA CITY

303031188

County or City of Residence

Voter Identification #

frank.fannon@gmail.com

703-861-1864

Email Address

Daytime Phone #

☒ By checking this box, I certify that I am currently registered to vote at the address above.

## Election Information

### Election Information

Member City Council

Alexandria City

Office Sought

District (if one)

Republican

2015

☒ November ☐ May ☐ Special

Political Party

Year of Election

Type of Election



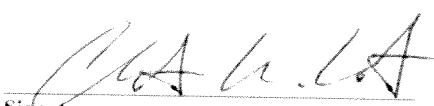
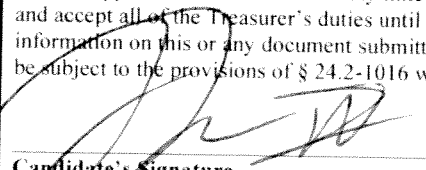
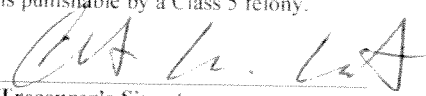
## Statement of Organization CANDIDATE COMMITTEE

Treasurer Information				
<b>Treasurer Information</b>	Mr.	Marston	Chris	
	Salutation	Last Name	First Name	Middle Name      Suffix
	110 Shooters Ct			
	Residence Address		Apt #	
	Alexandria		VA	22314
	City		State	Zip Code
	ALEXANDRIA CITY		917572194	
	County or City of Residence		Voter Identification #	
chris@electioncfo.com		571-482-7690		
Email Address		Daytime Phone #		
<input checked="" type="checkbox"/> By checking this box, I certify that I am currently registered to vote at the address above.				
Campaign Depository				
Burke & Herbert Bank & Trust Co.				
Name of Primary Financial Institution			Name of Other Financial Institution (if applicable)	
Alexandria      VA				
City		State	City      State	
Committee Activity				
<b>Dates of Activity</b>	Please provide the following dates. (If an action has not yet occurred for this committee, write "N/A")			
	Date first contribution accepted: _____			
	Date first expenditure made: _____			
	Date campaign depository designated: _____			
	Date filing fee paid for party nomination: _____			
	Date Statement of Qualification filed: _____			
	Date treasurer appointed: _____			

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## Statement of Organization CANDIDATE COMMITTEE

<b>Filing Method</b>	
<b>Filing Method</b>	<p>Please indicate the method by which this committee will submit all required campaign finance reports:</p> <p><input checked="" type="checkbox"/> File electronically using <b>SBE's Electronic Filing Application</b>.</p> <p><input type="checkbox"/> File electronically using an <b>SBE Approved Vendor</b> (Please indicate Name of Vendor: _____)</p> <p><input type="checkbox"/> File paper reports.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="text-align: center;">             Signature         </div> <div style="text-align: center;">           6/22/15            Date         </div> </div>
<b>Signatures</b>	
<b>Candidate's Signature</b>	<p>I affirm that, to the best of my knowledge, all of the information on this form is complete and truthful. I understand that I am required to comply with the provisions of the Campaign Finance Disclosure Act (Title 24.2, Chapter 9.3 of the <i>Code of Virginia</i>). I also understand that my Treasurer and I must truthfully report, in a timely manner, all monies and things of value which this campaign committee receives or expends. Civil penalties shall be assessed for late or un-filed reports in the manner required by the <i>Code of Virginia</i>. I further understand that if I do not appoint a treasurer, or if at any time the treasurer's position is vacant, that I, as the candidate, will assume and accept all of the Treasurer's duties until the position is filled. I also understand that if I provide false information on this or any document submitted to the State Board of Elections or local electoral boards that I may be subject to the provisions of § 24.2-1016 which is punishable by a Class 5 felony.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="text-align: center;">             Candidate's Signature         </div> <div style="text-align: center;">           6-17-15            Date         </div> </div>
<b>Treasurer's Signature</b>	<p><b>I accept the appointment of Treasurer of this campaign committee.</b> I understand that I am required to comply with the provisions of the Campaign Finance Disclosure Act (Title 24.2, Chapter 9.3 of the <i>Code of Virginia</i>). I understand that I must truthfully report all monies and things of value which this campaign committee receives or expends in a timely manner. Civil penalties will be assessed in the manner required by the <i>Code of Virginia</i> for late or non-filed reports. I also understand that if I provide false information on this or any document submitted to the State Board of Elections or local electoral boards that I may be subject to the provisions of § 24.2-1016 which is punishable by a Class 5 felony.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="text-align: center;">             Treasurer's Signature         </div> <div style="text-align: center;">           6/25/15            Date         </div> </div>



## **Instructions for Completing This Form**

### **General Guidelines**

- ⇒ Candidates for local office who indicate that they will be submitting their reports on paper must submit the original copy of this form to the General Registrar or local electoral board's office.
- ⇒ Candidates for local office who indicate that they will be submitting their reports electronically must submit the original copy of this form to the General Registrar or local electoral board's office and a copy to the State Board of Elections at 1100 Bank Street, Richmond, VA, 23219.
- ⇒ For General Assembly Candidates, an original of this form must be submitted to the State Board of Elections at 1100 Bank Street, Richmond, VA 23219 and a copy must be submitted with the local electoral board of the county or city in which the candidate is a resident.
- ⇒ All requested information on the form is **required** unless otherwise noted below.
- ⇒ An amended Statement is required to be filed within 10 days of the change if **any** of the information reported on this form changes. Failure to amend this form in a timely fashion may result in civil penalties of up to **\$500** to be assessed according to the procedure described in §24.2-929 of the Code of Virginia.

### **Type of Statement**

- ⇒ Check the box that best fits the type of Statement your committee is submitting.

### **Campaign Committee's Mailing Address**

- ⇒ Enter the name of the Campaign Committee (e.g. Friends of Candidate Smith).
- ⇒ Enter the home mailing address for the candidate (this should be the same as where you are registered to vote).
- ⇒ Enter the Campaign Committee's primary mailing address (PO Boxes are acceptable.)
- ⇒ Enter the Campaign Committee's email address
- ⇒ Enter the campaign's primary daytime phone number.
- ⇒ Enter the Campaign Website (if none, enter N/A)

### **Candidate Information**

- ⇒ Enter the full name of the candidate.
- ⇒ Enter the county or city of the candidate's residence.
- ⇒ Enter the candidate's Voter Identification #.
  - This can be found on the candidate's voter card or by calling SBE.
- ⇒ Enter the email address of the Candidate (if one).
- ⇒ Enter the Candidate's daytime phone number.

### **Election Information**

- ⇒ Enter the office sought by the candidate and the district (if one).
- ⇒ Enter the political party of the candidate (for candidates for statewide or General Assembly office, in the absence of a political party please enter "Independent").
- ⇒ Enter the year of the office's General Election.
  - If seeking election to a Special Election, check the next box. Please note that you should not check this box prior to the official calling of the Special Election.

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